ENROLLMENT FORM

 *Please complete ALL information!*

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_ Age\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_St: \_\_\_\_ Zp:\_\_\_\_\_\_\_

**Full Time Care: \_\_\_\_\_\_\_\_\_\_\_Part-Time Care: \_\_\_\_\_\_\_\_\_After School Care: \_\_\_\_\_\_\_\_**

**Primary hours of care: From\_\_\_\_\_\_\_\_ AM to \_\_\_\_\_\_\_\_\_ PM**

**Days of the Week in Care: \_\_ Mon \_\_Tues \_\_ Wed \_\_Thurs \_\_Fri \_\_Sat \_\_ Sun**

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact you at work: ( ) Yes ( ) No

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact you at work: ( ) Yes ( ) No

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s status: ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Single Parent**

Who has custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_May child be released to either parent? ( ) Y ( ) N

List emergency contacts that also have the authority to pick up your child:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unfamiliar persons authorized to pick up are required to have a valid Driver’s License or other picture I.D. before child is released. Children are not allowed to leave with any person without prior authorization from the responsible parent or guardian.**

**Transportation:** I hereby ( ) give ( ) do not give consent for my child to be transported and supervised by Little Humble Hearts Christian Academy for Medical Emergency/Emergency Evacuation. Please Initial

**Water Activity:** I hereby ( ) give ( ) do not give consent for my child to participate in water activities. Please Initial

**Photographs/ Video Taping:** I hereby ( ) give ( ) do not give consent for my child to be photographed or videotaped for any purpose but not limited to the classroom, webpage, social media, memory book, news articles, newsletter, student of the week or month, and photos of child during activities inside and outside of class.

 Please Initial

**SPECIAL NEEDS AND MEDICAL HISTORY**

1. Does your child have any existing/ previous medical condition?

( ) Yes ( ) No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your child on medication prescribed for long term or continuous use?

( ) Yes ( ) No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child been diagnosed with a food allergy?

( ) Yes ( ) No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***A food allergy requires Emergency Care Plan to be completed by a physician.**

1. Does your child have any other allergies (drug, environmental..) or food sensitivities?

( ) Yes ( ) No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child have any speech, vision, or hearing problems? ( ) Yes ( ) NO

Please Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child have special needs or other information that the staff should be aware of?

( ) Yes ( ) NO Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

In case of a medical emergency while my child attends Little Humble Hearts Christian Academy, I understand that the following procedures are followed:

1. The program will contact parent(s) at the numbers listed on the registration form.
2. If no parent is available in an emergency, the program will contact the emergency contact listed below.
3. First Aid will be provided and appropriate measures take, including contacting Emergency Medical Services.
4. The program will arrange for an ambulance or other emergency vehicle to the hospital listed below (or the nearest emergency medical facility if necessary)
5. The program may contact my child’s physician at the telephone number given below.

**Please list person, other than parents, to contact in case of an emergency.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If a medical emergency arises and a parent/guardian or persons designated above cannot be reached, I hereby authorize Little Humble Hearts Christian Academy staff and/ or Okema White to authorize permission for emergency medical treatment from my child’s physician, and or local hospital to follow the above procedure. Please Initial**

Child’s Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference (indicate specific location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Little Humble Hearts Christian Academy admits children of any race, color, national, ethnic group, and religion to all the rights, privileges, program, and activities are made available to the children at the school.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent Signature Date*

**OFFICE USE ONLY. DO NOT WRITE IN THE SPACE BELOW**

|  |
| --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_ ACCEPTED APPLICATION RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_ NOT ACCEPTED START DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |